

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90303 013 ****61.25

DOCUMENT # 757121

1. Entity Name
COCONUT PALM CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**5280 LAS VERDES CIRCLE, SUITE #350
DELRAY BEACH, FL 33484**

Mailing Address
**6401 CONGRESS AVE
SUITE 140
BOCA RATON, FL 33487 US**

BY **74711**
60824514



04052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2588584

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LIPPMAN, KAREN
6401 CONGRESS AVE
SUITE 140
BOCA RATON, FL 33487**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ROSE, RONALD
5280 LAS VERDES CIR #109
DELRAY BCH., FL 33484**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
GOLDMAN, ROBERT
5280 LAS VERDES CIR #104
DELRAY BEACH, FL 33484**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
AIELLO, ANTHONY
5280 LAS VERDES CIR #103
DELRAY BCH, FL 33484**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
RODKO, THELMA
5280 LAS VERDES CIR #217
DELRAY BEACH, FL 33484**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
IRWIN, GERBER
5280 LAS VERDES CIR. 301
DELRAY BEACH, FL 33484**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] **IRWIN, GERBER** 4/7/06 561-499-4575